

Borough of Cleethorpes

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# **Annual Report**

OF THE

## **MEDICAL OFFICER OF HEALTH**

AND THE

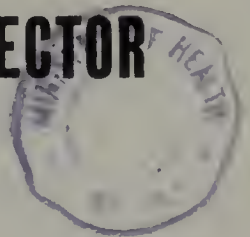
### **CHIEF PUBLIC HEALTH INSPECTOR**

FOR THE YEAR

# **1960**

Health Department,  
Council House,  
Cleethorpes.

Telephone No. 62822





SECTION I

ENVIRONMENTAL  
HEALTH SERVICES



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# Health Committee Members, 1959-60.

Chairman : Ald. G. R. Sinderson, J. P.

Vice-Chairman : Coun. J. Gebler.

Ald. A. W. Cox. Ald. J. Magee. Coun. J. O. Oslear, J.P.,

Coun. F. Broddle. Coun. W. Solomon. Coun. A. H. Turner.

Coun. H. Loftis. Coun. H. Mawer (from April 1960.)

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## Staff of the Health Department.

Medical Officer of Health, George Cust, M.B., Ch.B., D.P.H.

Chief Public Health Inspector,

John W. Finch. M.R.S.H., M.A.P.H.I.

Deputy Chief Public Health Inspector,

A. F. C. Kent, M.R.S.H., M.A.P.H.I.

Additional Public Health Inspector,

D. Lingard, A.R.S.H., M.A.P.H.I.

Pupil Public Health Inspector. D. W. Tommon.

Clerk-Typist. Miss D. M. Welton.

Rodent Operative, H. Garratt.

Infectious Disease Prevention Officer, E. Appleton.





Telephone No.  
Cleethorpes 62822

HEALTH DEPARTMENT,  
COUNCIL HOUSE,  
CLEETHORPES  
SEPTEMBER, 1961.

**To the Mayor, Alderman and Councillors of the Borough  
of Cleethorpes.**

LADY AND GENTLEMEN,

I have pleasure in presenting to you the Annual Report on the health of Cleethorpes in 1960.

This is a statutory document prepared at the direction of the Minister of Health, but in addition to presenting the statistics we have tried very hard to give a readable and complete report on the health of Cleethorpes. The health of this community in 1960 was, on the whole, very satisfactory. Details of the various aspects of our work can be found under the appropriate headings in the Report.

The list of people to whom I owe thanks seems to grow longer each year, but I would put first my thanks to the Chairman and the Health Committee and all the Councillors, for their ready help, interest and encouragement throughout the year. I would like to thank Mr. Finch and the staff of the Borough Health Department for all their work throughout the year, and thank Dr. Cormac and the County Staff both locally and at the County Offices for their help and close co-operation. I would finally like to thank my colleagues in general practice; the teachers and staffs of all schools and the general public of this town, without whose help and co-operation so much of our work would be impossible.

I am,

Your obedient servant,

GEORGE CUST,

*Medical Officer of Health*

# Statistics and Social Conditions of the Area.

The area of the Borough is 2,250 acres (above high water mark) and the population according to the Registrar Generals estimate in mid-year 1960 was 31,090. The total population enumerated at the 1951 census was 30,100. The natural increase of population, i.e. excess of births over deaths in 1960, was 255.

The number of inhabited houses was 10,481. The rateable value for 1960 was £334,671 and the product of a penny rate was £1.368.

The Borough is a seaside holiday resort on the North East Lincolnshire coast at the mouth of the River Humber. It has many fine residential localities. The chief occupations of its residents are the seaside holiday trade, fishing and its various allied industries, frozen foods and in the chemical factories of the Humber Bank.

## Vital Statistics.

Total Deaths	...	...	...	...	...	...	353
Death Rate per 1,000 population	...	...	...	...	...	...	11.3
Live Births : Number	...	...	...	...	...	...	608
Rate per 1,000 population	...	...	...	...	...	...	19.6
Illegitimate Live Births : Number	...	...	...	...	...	...	31
Percentage of total live births	...	...	...	...	...	...	5.1
Still Births : Number	...	...	...	...	...	...	12
Rate per 1,000 live and still-births	...	...	...	...	...	...	19.4
Total Live and Still-Births	...	...	...	...	...	...	620
Infant Deaths (deaths under one year)	...	...	...	...	...	...	11
Infant Mortality Rate :							
Total infant deaths per 1,000 total live births	...	...	...	...	...	...	18.1
Legitimate infant deaths per 1,000 legitimate live births	...	...	...	...	...	...	19.0
Illegitimate infant deaths per 1,000 illegitimate live births	...	...	...	...	...	...	Nil
Neo-Natal Mortality Rate (deaths under four weeks per 1,000 total live births)	...	...	...	...	...	...	9.8
Early Neo-Natal Mortality Rate (deaths under one week per 1,000 total live births)	...	...	...	...	...	...	8.2
Perinatal Mortality Rate (stillbirths and deaths under one week combined, per 1,000 total live and still births)	...	...	...	...	...	...	27.4
Maternal Mortality (including abortion) : number of deaths	...	...	...	...	...	...	Nil
Rate per 1,000 total live and still births	...	...	...	...	...	...	Nil
Deaths from Cancer : Number	...	...	...	...	...	...	67
Rate per 1,000 population	...	...	...	...	...	...	2.2
Deaths from Lung Cancer : Number	...	...	...	...	...	...	18
Rate per 1,000 population	...	...	...	...	...	...	0.6
Deaths from Tuberculosis (all ages)	...	...	...	...	...	...	4
Deaths from Coronary Thrombosis : Number	...	...	...	...	...	...	65
Rate per 1,000 population	...	...	...	...	...	...	2.1

## Classification of Causes of Death in the Borough of Cleethorpes.

CAUSES OF DEATH.				1960		Totals	
				Males	Fem.	1960	1959
1	Tuberculosis, Respiratory	...	...	4	—	4	1
2	Tuberculosis, other	...	...	—	—	—	2
3	Syphilitic disease	...	...	—	—	—	1
4	Diphtheria	...	...	—	—	—	—
5	Whooping Cough	...	...	—	—	—	—
6	Meningococcal infections	...	...	—	—	—	—
7	Acute Poliomyelitis	...	...	—	—	—	—
8	Measles	...	...	—	—	—	—
9	Other infective or parasitic diseases	...	...	1	—	1	1
10	Malignant neoplasm, stomach	...	...	7	3	10	5
11	Malignant neoplasm, lung, bronchus	...	...	14	4	18	17
12	Malignant neoplasm, breast	...	...	—	3	3	9
13	Malignant neoplasm, uterus	...	...	—	3	3	1
14	Other malignant and lymphatic neoplasms	...	...	14	18	32	40
15	Leukaemia, aleukaemia	...	...	—	1	1	2
16	Diabetes	...	...	2	2	4	3
17	Vascular lesions of nervous system	...	...	19	25	44	55
18	Coronary disease, angina	...	...	49	16	65	75
19	Hypertension with heart disease	...	...	10	12	22	17
20	Other heart disease	...	...	10	22	32	43
21	Other circulatory disease	...	...	7	4	11	9
22	Influenza	...	...	—	—	—	2
23	Pneumonia	...	...	7	4	11	13
24	Bronchitis	...	...	18	7	25	23
25	Other diseases of the respiratory system	...	...	7	2	9	6
26	Ulcer of the stomach and duodenum	...	...	4	—	4	2
27	Gastritis, enteritis and diarrhoea	...	...	—	—	—	1
28	Nephritis and nephrosis	...	...	—	—	—	4
29	Hyperplasia of prostate	...	...	2	—	2	3
30	Pregnancy, childbirth, abortion	...	...	—	—	—	—
31	Congenital malformations,	...	...	1	1	2	3
32	Other defined and ill-defined diseases	...	...	14	23	37	24
33	Motor vehicle accidents	...	...	1	3	4	3
34	All other accidents	...	...	3	3	6	5
35	Suicide	...	...	1	2	3	4
36	Homicide and operations of war	...	...	—	—	—	1
TOTALS				195	158	353	375

## Comments on Vital Statistics.

During 1960, 353 people died in the town, giving a crude death rate of 11.3 and an adjusted death rate, for comparison with other areas of England and Wales of 11.6. The death rate for England and Wales for 1960 was 11.5. 22 less deaths occurred in 1960 than in 1959, when 375 people died in the town (a death rate of 12.2) 69.4% of the deaths occurred in people aged over 65.

The table below shows the ages at which deaths occurred.

Under 1 day	..	..	3
1 day-1 week	..	..	3
1 week-1 month	..	..	0
1 month-1 year	..	..	5
1-2 years	..	..	1
2- 3 years	..	..	1
3- 4 years	..	..	—
4- 5 years	..	..	—
5-10 years	..	..	—
10-15 years	..	..	2
15-25 years	..	..	5
25-35 years	..	..	2
35-45 years	..	..	10
45-55 years	..	..	22
55-65 years	..	..	54
65-75 years	..	..	83
75 years and over	..	..	162

The most common causes of death were as usual, heart diseases and the cancers, 119 people dying of heart disease and 67 dying from the cancers.

The most common single cause of death was again coronary artery disease, 65 people dying of this disease compared with 75 last year. As usual more males than females died of this disease and in addition the males died at a younger age.

### CORONARY ARTERY DISEASE

Age	30-40	40-50	50-60	60-70	70-80	80-90	90-100	Totals
Male	1	3	10	9	15	10	1	49
Female	—	—	2	3	5	5	1	16
Totals	1	3	12	12	20	15	2	65

The present state of medical research shows that people who are obese, who only take a little exercise and who are heavy smokers die of this disease more frequently and at a considerably younger age than those who are lean, none smokers and who do a reasonable amount of exercise. There is no doubt that at least three of the factors causing this disease are associated with the patients habits and these are things which he himself can alter.



## The Cancers.

### ALL CANCER DEATHS

Age	0-10	10-20	20-30	30-40	40-50	50-60	60-70	70-80	80-90	90-100	Totals
Male	—	—	—	1	3	8	14	6	3	—	35
Female	—	1	1	—	2	9	9	6	4	—	32
Totals	—	1	1	1	5	17	23	12	7	—	67

### SITES OF CANCERS

	male	female	Total
Lung ... ..	14	4	18
Large Bowel ... ..	4	4	8
Breast ... ..	—	3	3
Stomach .. ...	7	3	10
Prostrate ... ..	1	—	1
Pancreas ... ..	—	1	1
Rectum ... ..	4	2	6
Sarcoma ... ..	1	—	1
Bladder ... ..	3	—	3
Ovary ... ..	—	4	4
Uterus ... ..	—	3	3
Thyroid ... ..	—	1	1
Blood ... ..	1	—	1
Gullett ... ..	—	1	1
Lymph Glands ... ..	1	2	3
Gall Bladder ... ..	—	1	1
Primary site unknown ... ..	1	1	2
Totals	37	30	67

### CANCER OF THE LUNG DEATHS

Age	10-20	20-30	30-40	40-50	50-60	60-70	70-80	80-90	90-100	Totals
Male	—	—	1	1	5	5	1	1	—	14
Female	—	—	—	—	3	1	—	—	—	4
Total	—	—	1	1	8	6	1	1	—	18

Lung cancer was again the most common cancer with 18 deaths, one more than last year, 4 women and 14 men dying of this preventable disease. I do not think that I need say any more about the relationship between cigarette smoking and lung cancer, but I would also like to point out that in addition to minor forms of ill health, smokers cough, wheezy chest, etc., suffered by the majority of people who smoke; that heavy smokers die of coronary diseases three times more commonly than non-smokers, that heavy smokers died of bronchitis three times more commonly than non-smokers, that if a smoker is unfortunate enough to have a peptic ulcer that his smoking delays its healing and that smoking aggravates certain other diseases affecting the blood vessels. This is in addition to the lung cancer risk. There is now certainly enough medical evidence to show that smoking contributes a great deal to ill health and the shortening of life in many people who smoke. It is extremely difficult for the regular smoker who is addicted to the drug nicotine in his tobacco, to stop smoking and our aim must be to prevent children from starting to smoke. This will most certainly be an uphill task. Smoking is still thought of as a "grown up thing to do" and much subtle psychological advertising appears on the television aimed at encouraging the young person to smoke. Our resources, compared with the resources of the tobacco manufacturer are very small, but in the words of Mr. Ronald W. Raven, at the Royal Society of Health Conference, "The Nation should be urged to stop smoking tobacco to halt the rise in deaths from lung cancer and avoid the other injurious affects it causes on health. This is one of the greatest challenges to preventive medicine in history and I trust the profession will take it up strongly. Our efforts against this injurious habit must equate the efforts made to make it attractive to the public and especially young persons. The smoking propaganda is intense and up to the present our antagonistic strength is not comparable with it. People must be clearly informed about the danger of smoking tobacco and at the same time given help to overcome a major form of drug addiction. Unless we deal with this matter the results of our folly will be manifested in the future. The elimination of the tobacco habit could be one of the greatest benefits conferred by preventive medicine on mankind."

### **Accidental Deaths.**

There were 10 deaths due to accidents during the year, 4 due to motor vehicle accidents. There is a need for more intensive Home Safety Education to all groups, but particularly the elderly and those with young children.

## **Infant Deaths.**

11 children died under the age of one year, 6 of these dying under the age of 4 weeks and 5 of them dying under the age of one week.

Causes of death were:—

1. Female aged  $\frac{3}{4}$  hour -multiple pulmonary haemorrhage
2. Male aged 2 hours -prematurity
3. Female aged 6 hours -prematurity
4. Male aged 1 day -prematurity
5. Male aged 1 day -prematurity
6. Male aged 1 week -Alveolar haemorrhage
7. Male aged 2 months -Respiratory tract infection
8. Male aged 3 months -Respiratory tract infection
9. Male aged 5 months -Broncho-pneumonia
10. Female aged 3 months -Respiratory tract infection and congenital heart disease
11. Female aged 6 months -Hydrocephalus

## **Stillbirths.**

There were 12 stillbirths in 1960, a decrease of 5 compared with 1959. Our stillbirth rate was 19.4 compared with 28.1 last year. The national stillbirth rate for 1960 was 19.7.

## **Births.**

There were 608 births during 1960, giving us a birth rate of 19.6, which compared with 588 births in 1959 and a birth rate of 19.1. There were 20 more births in 1960 than in 1959, this was the highest number of births in the town since 1948. The percentage of illegitimate live births increased from 4.6% in 1959 to 5.1% in 1960.

# **General Provision of Health Services of the Area**

## **(a) Laboratory facilities.**

These are available for the examination of throat and nose swabs, sputum, etc., at the Public Health Laboratory, Lincoln, and at the Pathological Department, Grimsby General Hospital. I am very grateful to Dr. Croll and Dr. Lawy for their help and advice.

## **(b) Ambulance facilities.**

These are provided by the Lindsey County Council. Tel. Cleethorpes 61288.

**(c) Nursing at Home.**

Three District nurses and three midwives are stationed in Cleethorpes. The Lindsey County Council also provides the service of a nurse for cases of Ophthalmia Neonatorum to be nursed at home, when requested by General Medical Practitioners. Names and addresses of Home Nurses and Midwives appear on page 37.

**(d) Clinics.**

CLINIC	DAY	TIME
School	Wednesday	10 a.m.
School Job Clinic	2nd & 4th Wednesday	2 p.m. (by appointment)
Eye	Friday	10 a.m. (by appointment)
Infant Welfare	Monday & Thursday	2 p.m.

**Immunisation Clinics**

Poliomyelitis	3rd & 5th Wednesday	2 p.m. (by appointment)
Diphtheria/Whooping Cough/Tetanus	1st Wednesday	2 p.m. (by appointment)
Toddlers Clinic	2nd & 4th Wednesday	2 p.m. (by appointment)
Ante-Natal Clinic	2nd & 4th Wednesday	Afternoons (by appointment)
Relaxation Classes	2nd & 4th Tuesdays	10-15 a.m.
Sunlight Clinic	Monday & Thursday	9-15 a.m. (by appointment)
Dental Clinic	Daily	By appointment
Speech Therapy	Thursday & Friday	9 a.m. & 1-30 p.m. (by appointment)

**(e) Hospitals.**

Facilities for treatment are available at the Scarthoe Road Hospital and at the Grimsby General Hospital.

**Scarthoe Road Hospital.**

During the twelve months ending 31st December, 1960, 692 patients were admitted from the Cleethorpes Borough.

**Grimsby General Hospital.**

738 patients from the Cleethorpes Borough were admitted during the year.

**Springfield Infectious Disease Hospital.**

30 cases were admitted from the Borough during the year.

The Medical Officer of Health is a co-opted member of the House Committee of this hospital.



**Maternity Hospital, Cleethorpes.**

This report is included by the courtesy of the Secretary of the Grimsby Hospitals Management Committee.

1. Name and address of the Institution:

Croft Baker Maternity Hospital,  
Mill Road,  
Cleethorpes, Lincs.
2. Number of Maternity cases admitted during the year831
3. Number of Maternity beds in the Institution } 29 beds  
(exclusive of isolation and labour beds) } 2 premature cots
4. Average duration of stay of cases in the lying-in wards10.54 days
5. Number of cases delivered by

(a) Midwives ... .. 629

(b) Doctors ... .. 111
6. Number of cases in which medical assistance was sought  
by a midwife in emergency ... .. 15
7. Number of cases admitted after delivery ... .. 4
8. Number of cases notified as  
Puerperal pyrexia ... .. 2
9. Number of cases of pemphigus neonatorum ... .. Nil
10. (a) Number of infants not entirely breast fed while in  
the Institution ... .. 301
- (b) Number of infants wholly breast fed on leaving  
the Institution ... .. 436
11. Number of cases notified as ophthalmia neonatorum Nil
12. Number of maternal deaths ... .. Nil
13. (a) Number of stillbirths ... .. 18
- (b) Cause in each case and results of post-mortem (if available) :

I.U.D. (due to Hypertension) Hydrocephlic & Spina-Bifida

3—Macerated Fœtus 2—2nd twins Macerated

3—Atelectasis (Placenta Insufficiency)

Asphyxia (due to cord around Subdural Hæmorrhage

neck) Twin 2 I.U.D. Macerated.

Twin 1 Meconium Inhalation Twin 2 Prematurity. Macerated

A.P.H. (Accidental) Fœtus (Placenta Insufficiency)

14. (a) Number of infant deaths within 10 days of birth ... 8

(b) Cause of Death :

3 Atelectasis Atelectasis-Congenital

Malformations.

Fœtal Abnormalty Pulmonary Hyaline Membrane

Meningitis Pulmonary Intra Alveolar

Hæmorrhage

The Medical Officer of Health is a co-opted member of the House Committee of this hospital.

## Care of the Elderly

The services involved in the care of the elderly continued to be very busy throughout 1960. All of those various agencies responsible in some way for the care and the welfare of elderly people co-operated most excellently in this Borough, and I would like to take this opportunity of thanking the family doctors, Dr. Gantzer at Scartho Road Hospital, the Health Visitors, the Welfare Officers, Home Help Organiser, the Almoner and her staff at Scartho Road Hospital, the W.V.S., the Clergy, and all those other numerous people who help in some way with this service.

Chronic sick beds are still very scarce though because of some negotiations carried out by the Grimsby Hospital Management Committee in 1960, with the Regional Hospital Board, I do hope that we will have an increase in chronic sick bed accommodation in 1961. These beds are seriously needed. In addition, more places are needed in the County Councils Welfare Hostels for elderly people. There is also need for a Hostel catering for patients with senile dementia. During 1960 there were 47 applications for chronic sick beds from Cleethorpes. Of these, one was very urgent, 36 required urgent admission, 3 required hospital treatment but not urgently and in six cases hospital admission was not required. Hospital accommodation was arranged for one case whilst the relatives who look after her went on holiday.

One man was admitted to hospital in November under the National Assistance Act 1948, Section 47, National Assistance (Amendment) Act, 1951. This elderly man of 78 who lived alone was suffering from arteriosclerosis and heart failure. He had obviously been living on beer and potato crisps for a considerable length of time and was severely under nourished and his house was most insanitary. He had no relatives capable of looking after him and was deteriorating rapidly. He refused to go into hospital. In view of his condition his General Practitioner and I certified that he was a person 'being aged, infirm or physically incapacitated, living in insanitary conditions, and (b) unable to devote himself and is not receiving from other persons, proper care and attention, and that we were satisfied after thorough inquiry and consideration that in the interests of the said person and for preventing injury to the health of, or serious nuisance to, other persons, it was necessary to remove him, without delay, from the premises in which he was residing to hospital'. A magistrate visited this patient and gave me the necessary Order to move this man into hospital. After some initial improvement the old man died of congestive heart failure, three weeks later in hospital.

Many elderly people in the town are visited regularly by the Health Visitors or by the Welfare Officers, who by keeping a friendly eye on them help to prevent the deterioration that set in with the above old man.

The Home Help Service as usual continued to play a large part in looking after elderly people at home and thus preventing their deterioration and necessary admission to hospital. No praise is too high for these ladies who do far more than they are asked in the line of duty.

To facilitate the co-operation between the various statutory bodies who are involved in the care of elderly people, I started in the last quarter of 1960, the first of a regular series of meetings, to which I invited the Health Visitors, Welfare Officer, Home Help Organiser, the Hospital Almoner, National Assistance Board Officers working in the area and Public Health Inspectors, so that we might meet regularly and discuss our various problem elderly patients. This meeting has been most successful and is a great help in co-operation between the various services. In Cleethorpes, many voluntary organisations play a large part in the care of elderly people, particularly by the visiting of lonely elderly people and by the provision of Meals-on-Wheels by the Women's Voluntary Service. I am very grateful to Mrs. Barbara Readymartcher for this the following information relating to Meals-on Wheels service in Cleethorpes during 1960.

“ The total number of meals served during 1960 in Cleethorpes was 3,911. The meals are served three days a week: Wednesdays, Thursdays and Fridays. The people who receive them are mostly old age pensioners, but meals are taken to one blind person and 2 handicapped people. 29 people have the meals on three days each week, 2 on two days, and one on one day.”

**Prevalence of, and Control over, Infectious and Other Diseases.**  
**Notifiable Diseases (other than Tuberculosis) during the year 1960.**

DISEASE	Total Cases Notified	Cases Admitted To Hospital	TOTAL DEATHS
MEASLES ...	18	2	—
WHOOPING COUGH	49	1	—
PNEUMONIA ...	4	3	—
PUERPERAL PYREXIA	3	—	—
SCARLET FEVER ...	36	—	—
FOOD POISONING	20	—	—
ERYSIPELAS ...	5	—	—
DYSENTERY ..	14	—	—
TOTALS	149	6	—



## Cases of Infectious Disease in their respective months.

Notifiable Diseases.	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Totals.
Scarlet Fever ..	8	3	9	1	—	2	1	2	2	3	4	1	36
Measles ...	—	—	—	2	3	—	2	5	4	1	1	—	18
Dysentery ...	3	2	—	—	1	2	1	1	2	—	1	1	14
Puerperal Pyrexia	—	—	—	—	—	1	—	1	1	—	—	—	3
Whooping Cough	26	8	3	6	—	—	2	—	1	2	—	1	49
Food Poisoning	—	—	—	1	2	13	—	2	—	—	1	1	20
Erysipelas .	—	2	—	—	—	—	—	—	1	1	—	1	5
Pneumonia ...	3	—	—	—	—	—	1	—	—	—	—	—	4
TOTALS	40	15	12	10	6	18	7	11	11	7	7	5	149

1960 was a very quiet year with regard to infectious diseases. Whooping Cough was the most common disease notified, and again there were only 7 of these children who had been immunised against the disease. Today, when whooping cough vaccine is free from either the clinic or general practitioner, there is no excuse for parents not having their children protected.

There were 20 cases of food poisoning notified during the year. 13 of these notified cases were in connection with the June outbreak of food poisoning. In addition to these 13 notified cases of this outbreak, 19 other people also suffered from food poisoning from this outbreak. I include below a detailed description of this outbreak and of its investigation.

This is a description of a staphylococcal toxin food poisoning outbreak, which followed the classical pattern.

One of us (G.C.) was first notified of this outbreak at 5.30 p.m. on Sunday 19th June, by the local hospital. They had received three ambulance loads of patients suffering from severe vomiting and diarrhoea, from a food establishment in the town. Because of this early notification I was able to begin the investigation within 1½ hours of the first patient becoming ill. No clear story was available at this time from the cafe where these people had become ill. A large party of women had eaten lunch at this cafe somewhere between 12 a.m. and 1 p.m., and had returned for tea at four o'clock when numbers of them became ill with severe vomiting and diarrhoea. None of the ill members had eaten any tea, though there were confusing rumours of shell fish, ice cream and aeroplane flights as the cause of the vomiting. The cafe had closed for the

day and so there was no further difficulty about them serving any more meals. Samples of the vomit were available and were taken.

At least 32 people were affected by this food poisoning, the main brunt of the outbreak being borne by a Women's Club Trip. Of the 52 of these ladies of this party who had lunch at this cafe, 27 were affected. The most severely ill patients of this party (11), were taken to hospital and there detained. Two more of the patients from this trip were taken off the train at Lincoln, on their way home, and were detained in hospital there, and 16 other ladies of this trip were ill with diarrhoea and vomiting, but did manage to get home. Of the other 120 people who had lunch at this cafe on this day, two further patients travelling home to Leicester by car were admitted to hospital. One other person travelling home to Sheffield was also ill with diarrhoea and vomiting.

We were able to interview a few of the least ill patients later on the Sunday evening and it soon became apparent that lunch at this restaurant was the only meal in common, that there was no history of eating of shell fish whatsoever, and in fact for people on a day's outing they seem to have consumed very little apart from their lunch. Clinically this appeared to be a toxin type of food poisoning, with staphylococcal toxin as the most likely cause. All the 13 patients in the local hospital were severely ill, but all fortunately made a good recovery and were discharged a week later.

No food consumed at the lunch was available at the cafe, but we were able, by searching the kitchen waste bins, to get samples of all foods served during the lunch. On the Monday morning we were able to interview the rest of the patients in hospital, who were now all well enough to be interviewed, and to carry out an inspection of the food handlers and food kitchens at the cafe. Conditions at the kitchen were satisfactory, but a careful inspection of all the food handlers showed that the chef, who was the only person who handled the food, had a small infected sore on his fingers, and on the strength of this he was excluded from work. No other food handlers in the premises had any cuts, boils or sores on their hands, nose or face. Swabs were taken from the sore on the chef's fingers and from his wrists, nose and throat, as were similar swabs from the wrists, nose and fingers of the rest of the kitchen staff.

A very detailed examination was made of the menu from the Sunday lunch and of its method of preparation. There were 180 lunches served on this particular day and from this at least 32 people became ill. We were able to get very detailed questionnaires from each of the people on the women's club trip, and from these we were able to get a very good idea of the food responsible for the infection, and this appeared to be the chicken, the roast beef and roast lamb, though the chicken was the predominant food eaten by the patients. No other customers outside this trip were given chicken. On this Sunday the chicken, roast beef and roast lamb, which had been served at lunch had all been cooked the day previous and refrigerated over night. On the Sunday morning they had been taken out of the refrigerator between six and seven a.m. carved into portions by the chef and put onto plates and left to stand in the warm kitchen until

ten o'clock before being put on the hot plate to warm up for lunch at 12 o'clock. A number of patients even then complained that even though the plates were hot the food itself was not hot. No samples were obtained of the gravy used at this meal, but from the questionnaires it was quite obvious that the gravy was not the source of infection.

**Results.** Bacteriological results from the chef's finger and nose showed a staphylococcus aureus and similar organisms were also obtained from the samples of chicken and roast beef and roast lamb, obtained from the kitchen waste bin. Staphylococci were also obtained from the vomits and faeces of the patients in hospital. All of these staphylococci showed the same sensitivity patterns, being sensitive to Sulphonamides, Streptomycin, Chloromycetin, Erythromycin, Tetracycline, but insensitive to Penicillin. This gave us an early indication that all these staphylococci were probably the same. These organisms were sent for phage typing and all were found to belong to the same phage type 42. It is obvious that the chef, during the carving of the meats, infected some of them with the germs from his fingers, and during the long period of standing in the warm kitchen, enough toxin was produced to poison the customers who ate these particular portions. The fact that the toxin is heat resistant would prevent its destruction by the heating on the hot plate. The chef was off for 11 days whilst he was treated with a mixture of enomycin and bacitracin ointment on his fingers and his nose until three negative swabs were obtained. Very kindly his employers paid his full wages during this time. We have since kept him under careful observation and made repeat swabbings and no staphylococci have since been isolated from him.

There were a few interesting points about this outbreak. From the point of view of the Medical Officer of Health, a great help was the speed of notification. Secondly, as in so many outbreaks of food poisoning, a chain of wrong events was set up. The chef had a sore on his finger containing staphylococci producing an entero-toxin. This sore was not covered by the correct type of dressing, if it was even covered at all. Meat cooked the day before, even though it had been refrigerated over night, was handled by him, left to stand between three and four hours in the warm kitchen before being put into a hot plate for another two hours.

We were invited by the management of the cafe, who gave us every co-operation, to go and talk to their staff about their own outbreak, and this we did. Close inspection was kept on this kitchen and the food handlers working there during the rest of the season. We were able to teach them new techniques with regard to the storing of pre-cooked food and there was much alteration of their kitchen routine with a great improvement in the food hygiene and we were able to feel sure that a similar outbreak would not happen in these premises again.

One very good result of this outbreak was the Public Health Inspector's reports that during the rest of the season they were paid more attention to by the food traders than ever before, when they went to talk about food hygiene on visits of inspection to local cafes, food shops, etc.



I should like to thank Dr. Lawy of the Pathology Department, Grimsby General Hospital, and Dr. Croll of the Lincoln Public Health Laboratory for help, advice and the bacteriology during this outbreak.

There was one other family outbreak of food poisoning which involved two members of the family. Intensive investigation did not yield the source of this infection nor was the cause of the food poisoning discovered. There were 5 single cases of food poisoning notified and during our investigations we discovered another 3 cases. In all of these 8 cases no agent was identified and no firm source of the infection discovered.

It is extremely important in the investigation of these diseases that they are notified as early as possible to the Health Department so that we may get on with our investigations to discover the germ responsible, the source of the infection, so that further cases can be prevented and errors in food hygiene corrected. In most of the above cases the patients did not go to their general practitioner until they had been ill for some time, and this delay makes it almost impossible to discover the source of infection in isolated cases. Arrangements exist whereby family doctors coming across cases of food poisoning, dysentery, poliomyelitis, meningitis and certain other diseases notify them immediately by telephone rather than in writing which involves delay. In this way it gives us a chance to carry out epidemiological investigation whilst the trail is still warm.

## **Tuberculosis.**

There were four deaths from tuberculosis in 1960, in all of the cases the disease was of long standing. We must remember that though tuberculosis is no longer the scourge it once was thanks to better living conditions, better housing, and the modern methods of treatment, that this is an infectious disease and that it can still kill.

If a patient contracts tuberculosis his family contacts, close friends and other close contacts are investigated by the Chest Clinic with the help of this department. Those who have no resistance to tuberculosis are vaccinated against it with B.C.G. vaccination. B.C.G. vaccination is also offered to all school children in their thirteenth year, and this is a fine preventive measure against this disease.

## **Chest Clinic, Abbey Road, Grimsby.**

Patients attend at the Clinic by appointment. During the year 19 new cases were added to the Tuberculosis Register. 9 cases were added to the Register as inward transfers to the town and 30 cases were written off the Register as having removed to other areas or having been lost sight of, or died. 19 cases were written off as recovered. There were 336 cases left on the Register at the end of the year.

## Tuberculosis After Care Committee.

This Committee renders valuable service in the after-care of cases of Tuberculosis. Special attention is given to necessitous cases and their families, assistance being given in obtaining extra nourishment, clothing, etc., and in the form of holiday grants.

## Venereal Disease.

Facilities for the diagnosis and treatment of venereal disease are available at the Special Treatment Centre, 38 Queen Street, Grimsby.

Condition	Males.	Females.	Total.
Early Syphilis	1	—	1
Late Syphilis	2	—	2
Gonorrhœa	11	5	16
Other Conditions	36	12	48
Total	50	17	67

There has been in this country as a whole an increase in venereal diseases (mainly Gonorrhœa), during the past few years with 31,344 cases of Gonorrhœa in 1959. This is the highest number since 1947. The Chief Medical Officer in his Annual Report for 1959 says, "the working party of the Medical Research Council have confirmed that some strains of the *genococcus* are exhibiting an increased resistance to penicillin. In spite of good advice at the clinics and of propaganda in newspapers and on television, a considerable proportion of patients discontinue attendance when symptoms are relieved. Many of these may be harbouring a latent infection which is transmissible. In large centres of population immigrants living in difficult social conditions still contribute greatly to the high prevalence of gonorrhœa and are particularly prone to multiple infection. There is evidence too of an increase in the number of infections resulting from promiscuity amongst young people. Below are figures relating to the last 10 year period for this Borough. As you can see though the incidence is small the trend is towards an increase.

Year	Gonorrhœa	Syphilis	Other	Total
1951	6	9	47	62
1952	11	7	47	65
1953	14	6	44	64
1954	12	3	49	64
1955	4	4	36	44
1956	1	5	36	42
1957	3	3	24	30
1958	6	5	31	42
1959	8	1	51	60
1960	16	3	48	67



Telephone No.  
Cleethorpes 62822.

HEALTH DEPARTMENT.  
COUNCIL HOUSE,  
CLEETHORPES.

SEPTEMBER, 1961.

**To the Mayor, Alderman and Councillors of the Borough  
of Cleethorpes.**

LADY AND GENTLEMEN,

I have the honour to present to you my third Annual Report on the Work of the Public Health Inspectors carried out during 1960.

This has been a year of steady progress in all aspects. For most of the year the department was up to establishment with the result that it was possible to carry out the work smoothly.

I should like to record my thanks to Dr. Cust for help which he has given me during the year and my appreciation of the confidence that the Chairman and members of the Health Committee have shown to me during the year.

I have the honour to be,  
Lady and Gentlemen,  
Your obedient servant,  
J. W. FINCH,  
Chief Public Health Inspector.

# Sanitary Circumstances of the Area.

## (1) Water Supply.

The supply of water to Cleethorpes is by pipe from the North East Lincolnshire Water Board. The Board takes regular samples of its supply, and during the year the results of twenty such samples taken at the Cleethorpes Pumping Station were made available to the Medical Officer of Health. All were reported as being satisfactory.

In addition the supply is sampled at various points in the Borough by this department, and during the year the results of these samples were as follows :

CLASS	I (excellent)	....	....	....	....	30
CLASS	II (satisfactory)	....	....	....	....	2

In addition 15 houses in the Borough obtain their water supply from private boreholes. 13 samples have been taken from the supply and all have been reported as being Class I.

## Drainage and Sanitation.

Number of houses with privy vaults in district	....	....	....	Nil
Number of houses with pail closets in district	....	....	....	8
Number of houses with water closets in district	....	....	....	10,473
Number of water closets substituted for pail closets in the year	....	....	....	Nil
Number of Cesspools emptied during the year	....	....	....	131
Number of Cesspools and septic tanks abolished	....	....	....	47

Now that the sewer has been laid in North Sea Lane, as will be seen, it has been possible to abolish 47 cesspools. This has meant a great improvement in the sanitary condition of this area particularly with regard to the pollution of ditches some of which in the past have been polluted because of cesspools overflowing. These ditches still, however, become polluted at certain times of the year because of agricultural activities or because of waste water disposal from caravan sites in the adjoining Rural District.

## Maintenance of Drains and Sewers.

During the year 523 visits were made in connection with the maintenance of sewers which are dealt with under Section 24 of the Public Health Act, 1936. It was necessary to serve 109 notices requiring the repair of sewers under the Act. This is a considerable increase over the last year. It was necessary to make almost twice as many visits and over four times as many notices had to be served. 78 visits were made in connection with the maintenance of house drains and 38 drain tests were carried out. 174 drains and sewers were cleared of obstruction by the Infectious Disease Prevention Attendant.

**Passage Pavings.**

During the year 233 visits were made in connection with securing the repair of passages at the rear of houses. Nine passages serving 113 houses with a combined surface area of approximately 835 yards super were repaired with 3" of cement concrete laid to proper falls, under the provisions of Section 56, of the Public Health Act, 1936. The combined surface area of these passages is approximately twice the amount laid in 1959. In addition 165 visits were made in connection with choked or defective passage gullies.

**Atmospheric Pollution.**

39 visits were made in connection with atmospheric pollution during the year and 4 visits were made specifically to inspect boiler houses, and 3 smoke observations were made. No nuisances were found. No new boilers burning solid fuel have been installed in the town during the year, which means that conditions are, from this point of view, much the same as they were last year.

The Council have made no decision about whether or not to establish a smokeless zone under the clean Air Act although of course many of the new houses which are constructed do use approved appliances—that is appliances which are capable of burning solid smokeless fuel. This is a trend which we hope will continue, as if there is no smoke from the chimneys of domestic premises in the town there would be very little pollution of the atmosphere.

**Rodent Control.**

During the year the Council's Rodent Operative has treated 250 dwelling houses and 36 other premises on complaint of rodent infestation or as a result of rodent inspection. In order to do this he made 1,927 visits and revisits and at the same time 216 visits were made in this connection by the Public Health Inspectors. Treatment was carried out in all cases by Warfarin poison in an oatmeal base.

Two routine treatments of the sewers were carried out during the year, the first in April and May when 14 inspection chambers were found to be infested and at the treatment in October and November 14 again were found to be infested. The majority of these infestations were in sewer manholes at the north end of the town and a concentration was made on that area in carrying out the treatment. Many of the defective drains and sewers which were found during the year were disclosed because of the activity of rats which were obtaining egress from the sewers and at the northern end of the town many of the sewers are old and in a defective condition.

**Nuisances.**

Total number of nuisances during the year .. .. .	266
1. Abated as a result of informal action by Public Health Inspectors .. .. .	266
2. Reported to Council—Statutory Notice issued .. .. .	Nil

## Details of Nuisances Abated.

Refuse Accumulations	..	..	..	..	..	28
Foul ditches, ponds and stagnant water	..	..	..	..	..	17
Drainage	..	..	..	..	..	174
Poultry and animals	..	..	..	..	..	6
Miscellaneous Nuisances	..	..	..	..	..	41

416 visits were made in this connection. As has been mentioned in the section on drainage and sanitation, the completion of the sewer in North Sea Lane has reduced the number of complaints with regard to fouling of ditches in that area.

Once again it will be seen that there were a large number of drains to be cleared although not as many as last year.

## Insect Pests.

102 visits were made in connection with the destruction of insect pests in houses, and 62 houses were sprayed by the I.D.P. Attendant.

Treatment was carried out for the following:

Cockroaches	..	48	Silverfish	..	..	3
Fleas	..	2	Mites	..	..	3
Wasps	..	2	Flies	..	..	1
Ants	..	1	Earwigs	..	..	1
Crickets	..	1				

## FACTORIES AND WORKPLACES

### 1.—INSPECTIONS.

Premises (1)	Number on Register (2)	Number of		
		Inspections (3)	Written Notices (4)	Prosecutions (5)
FACTORIES in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities ... ..	5	15	1	—
FACTORIES not included in (1) in which Section 7 is enforced by the Local Authority ..	89	112	4	—
Other Premises in which Section 7 is enforc'd by the Loc'l Authority (exclud- ing out-workers' pre- mises) ... ..	2	2	1	—
Total ...	96	129	6	—



## 2. DEFECTS FOUND.

Particulars (1)	Number of Defects				No. of Prosecutions (6)
	Found (2)	Remedied (3)	Referred to H.M. Inspector (4)	Referred by H.M. Inspector (5)	
Want of Cleanliness (S.1)...	1	1	...	...	...
Overcrowding (S.2) ...	...	...	...	...	...
Unreasonable Temperature (S.3) ..	...	...	...	...	...
Inadequate Ventilation (S.4) ...	...	...	...	...	...
Ineffective Drainage of Floors (S.6)	...	...	...	...	...
Sanitary (Insufficient ...	1	1	...	...	...
Conveniences { Unsuitable or Defective	3	3	...	...	...
(S.7) { Not separate for Sexes	...	...	...	...	...
Other Offences against the Act ...					
(Excluding offences relating to outwork)	1	1	...	1	...
Total ...	6	6	...	1	...

## OUTWORK

Nature of Work (1)	SECTION 110			SECTION 111		
	No. of outworkers in August list req'd by Section 110 (1) (c) (2)	No. of cases of default in sending lists to the Council (3)	No. of prosecutions for failure to supply lists (4)	No. of instances of work in unwholesome premises (5)	Notices served (6)	Prosecutions (7)
Nets, other than wire nets.	49	Nil	Nil	Nil	Nil	Nil

### Bakehouses.

Number in district...	...	13
Number of underground bakehouses	...	Nil
Number of inspections	...	89
Contraventions of Factories Acts	...	Nil
Defects remedied ...	...	Nil

### **Bathing Pool.**

Samples of water were taken from the bathing pool each week that the pool was open during the season, from the deep and shallow ends. In all 46 samples were taken. One was reported as being unsatisfactory, the remainder being satisfactory.

### **Paddling Pool.**

Samples were taken of the water from the paddling pool in Thrunscoe Park each week during the season. 30 samples were taken, 24 of which were reported as being satisfactory. The water in the pool is not subject to continuous purification but it is of the fill and empty type. A new pump to assist in helping this process, was installed during the season and after this, results of bacteriological samples improved. Necessary chlorination of the water was also carried out by the Borough Surveyor's Department.

### **Housing.**

Total number of houses erected during the year :			
1.	By the Local Authority	....	76
2.	By other Local Authorities	....	Nil
3.	By other bodies or persons	....	162
4.	Number allocated for replacing houses subject to demolition orders	....	28

### **Rent Act, 1957.**

(a) Applications for Certificates of Disrepair :			
	Number of applications for certificates	... ..	3
	Number of decisions to issue certificates	.. ....	2
	Number of undertakings given by landlords		1
	Number of certificates issued	... ..	1
(b) Application for Cancellation Certificate of Disrepair :			
	Applications by landlord to cancel certificates		Nil
	Number of certificates cancelled	..	Nil

### **Inspection of Dwelling Houses during the year.**

(1).	(a) Total number of houses inspected for housing defects	...	89
	(b) Number of inspections made for that purpose	..	1023
(2).	(a) Number of houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925	....	Nil
	(b) Number of inspections for that purpose	....	Nil
(3).	Number of houses found not to be in all respects reasonably fit for human habitation and capable of repair at reasonable expense	....	86

### **Remedy of Defects during the year without service of formal notices.**

Number of houses rendered fit in consequence of informal action by the Local Authority or its Officers	..	45
--	----	----

## Action under Statutory Powers during the year.

(a) Proceedings under Sections 9, of the Housing Act, 1957	
(1) Number of houses in respect of which notices were served requiring repairs	15
(2) Number of houses rendered fit after service of formal notices—	
(a) By Owner	21
(b) By Local Authority in default of Owner	4
(b) Proceedings under the Public Health Acts.	
(1) Number of houses in which notices were served requiring defects to be remedied	196
(2) Number of houses in which defects were remedied after service of formal notices—	
(a) By Owners	4
(b) By Local Authority in default of Owners	35
(c) Slum Clearance—Procedure under the Housing Acts	
Number of dwelling houses in respect of which Demolition Orders were made	1
Number of dwelling houses demolished in pursuance of Demolition Orders	1
Number of dwelling houses, in parts, subject to Closing Orders	Nil
Number of dwelling houses, in parts, rendered fit by undertakings	Nil
Number of dwelling houses included in confirmed Clearance or Compulsory Purchase Orders	4
Number of dwelling houses demolished in pursuance thereof	10
Number of houses in which Demolition Orders are in operation and which are still occupied under the provisions of Sections 34, 35 and 46 of the Housing Act, 1957	Nil
Total number of houses occupied under Sections 34, 35 and 46 of the Housing Act. 1957	Nil
Houses demolished or closed voluntarily by owners which would otherwise have been the subject of statutory action to secure demolition or closing	1
Estimated number of dwellings remaining to be dealt with under :—	
(a) The Housing Act 1957, Sections 16 and 18	Nil
(b) The Housing Act 1957, Section 42	13

## Analysis of work carried out.

Drains repaired	8
New gullies fixed	1
Inspection chambers provided	1
Inspection chambers repaired	3
Vent shafts repaired	7
New W.C's provided	3
Water closets repaired	10
New flushing apparatus provided	5
Flushing apparatus repaired	10
Water closet seats fixed	8
Roofs repaired	51
Chimney stacks repaired	8
Chimney pots renewed	3
Gullies repaired or renewed	2
Brickwork repointed	44
Damp proof courses provided	6
Yards repaved or repaired	10
New floors provided	12
Floors repaired	15
Ceiling plaster repaired	26
Wall plaster repaired	53
Firegrates repaired	10
New firegrates provided	4
Coppers repaired	2
Sashcords renewed	26
Windows repaired or renewed	41
Doors repaired	20
Skirting boards repaired	6
New sinks provided	1
Sink waste pipes renewed	2
Stairs repaired	1
Balusters repaired	3
Eaves gutters repaired	34
Rainwater pipes repaired	5
Verge fillets repaired	13
Dampness otherwise remedied	51
Yard walls made safe	2
Internal water supply provided	1
Steps reformed	1
Dry rot remedied	1
Miscellaneous	10



## **Improvement Grants.**

During the year almost twice as many applications were made for house improvement grant as were made in 1959. There were 50 applications for standard grant and 33 applications for discretionary grant. 36 houses were subject to standard grant and 22 to discretionary grant. The rise in the number of applications is to be found in the standard grants. As I anticipated in last year's report, as the public became aware of the advantages of this scheme the number of applications has risen. This of course, has resulted in an increased number of visits which I have had to make in order to supervise works in connection with these grants; 701 as against 484 last year. In practice I have found that where the alteration is of a simple nature, for example, turning a bedroom into a bathroom or dividing a bedroom so as to provide a bathroom and leave a small bedroom, people will apply for a standard grant. In some cases, however, where the occupier cannot afford to give up a bedroom and an alteration is made to the rear addition on the ground floor, then the application will be for discretionary grant.

## **Pet Animals Act.**

5 premises were licensed under this Act and the premises were inspected to ensure compliance with the conditions of the Licence.

## **Boarding Houses and Hotels.**

68 visits were made to these during the year. There has been a fall in the number of boarding house occupiers who apply for a temporary increase in the permitted number of their house during the height of the season.

In 1960 only 13 persons applied for this temporary privilege and whilst the inspections were being made it was obvious that in some cases this was only being done as a precaution and not because the occupiers really anticipated that their houses would be overcrowded.

No complaints were received from visitors during the year with regard to the cleanliness of boarding houses or hotels, nor was any case passed on to me by the publicity manager.

# Inspection and Supervision of Food.

## Milk Supply.

Number of Distributors on Register	112
Number of Dairies	1
Number of inspections	135

### THE MILK (SPECIAL DESIGNATION) (PASTEURISED AND STERILISED MILK) REGULATIONS, 1949.

Number of Dealers' licences—	Sterilised Milk	98
	Pasteurised Milk	14

The Lindsey County Council, being the Foods and Drugs Authority for this area, carried out the following sampling of milk during the year.

T.T. Milk Pasteurised	14
Pasteurised Milk	15
Sterilised	21
Tuberculin Tested (Raw)	2

Two samples of Tuberculin Tested Milk (Raw) failed the methylene blue test for keeping quality. The supply was discontinued and replaced by Pasteurised milk.

There are no pasteurising plants in operation in Cleethorpes Municipal Borough at the present time.

## Ice Cream.

During the year, 175 visits were made to premises where ice cream is manufactured, stored or sold. There were seven manufacturers registered under the Act and 140 premises where ice cream is sold. 48 samples were submitted for bacteriological examination by the Methylene Blue Test, and the results were as follows :—

Grade 1	29
Grade 2	14
Grade 3	5
Grade 4	Nil

This is the first season which has ever been completed without at least one grade IV sample being taken.

## Food

(1) The number of Food Premises in the district and the number of visits made is as follows :

	Premises.	Visits.
Fish Friers	26	67
Grocers' Shops	134	219
Butchers	40	117
Food Manufacturing Premises	21	169
Catering Businesses	70	295
Confectioners	68	22
Bakehouses	13	89
Fishmongers	7	17
Shellfish Premises	7	24
Food Stalls	16	33
Fruiterers and Greengrocers	24	15

(2) Number of Food Premises, by type, registered under Section 16 of the Food and Drugs Act 1955.

Ice Cream Manufacturers	7
Ice Cream Retailers	140
Food Manufacturing Premises	21
Fish Friers	26

(3) Number of Inspections of Registered Premises

Ice Cream Manufacturers	25
Ice Cream Retailers	150
Food Manufacturing Premises	169
Fish Friers	67

## Food Hygiene Regulations 1955

A total of 1454 visits were made for various reasons to the food premises in the Borough during the year. The standard of hygiene in all types of premises continues to rise as there is now a greater interest in clean food by all members of the public.

### Food Hygiene Lectures

The policy which was started last year of holding a series of lectures for food handlers during the winter was continued. This was done because of the appreciation which was expressed by persons who took part in the first course in 1959. The lectures were again given on three consecutive evenings in March. 58 persons attended the first lecture, 60 attended the second and 58 attended the third. Persons who attended all three lectures were issued with a certificate to that effect.

The first lecture on the 'Causes of Food Poisoning' was given by Dr. Cust, and the remaining two on 'Hygiene of the Food Handler' and 'The Hygiene of Food Premises' were given by myself, and once again a film

strip on the subject made by the Central Council for Health Education was used. At the conclusion of this course it was thus possible to say that there were in Cleethorpes 115 persons working in food businesses who had all attended a course of three lectures on this subject, and this fact must have an effect on the standard of food handling in the town. The course was again arranged in co-operation with the Cleethorpes Technical Institute.

### Meat Inspection.

The slaughter of animals for human consumption continued at Wilson Street Slaughterhouse. The number of animals killed was 4,522 which is an increase of 8% on last years kill. The kill at the slaughterhouse started to rise in the last three months of the year when it came into new ownership.

### Carcases and Offal Inspected and Condemned, in Whole or in Part

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed (if known)	940	16	3	2167	1396
Number inspected ... ..	940	16	3	2167	1396
All diseases except tuberc'losis & cysticerci. Whole carcases condem'd	—	1	—	1	5
Carcases of which some part or organ was condemned	233	1	—	50	208
Percentage of the number inspected affected with tuberc'l'is	24.8%	12.5%	—	2.3%	15.3%
Cysticercosis — Carcases of which some part or organ was condemned ... ..	2	—	—	—	—
Carcases submitted for treatment by refrigeration. ...	2	—	—	—	—
Generalised and totally condemned. ... ..	—	—	—	—	—

### Inspection of Other Foods.

A total weight of 7 cwt. 2qrs. 16lb. 4oz. of other foods were condemned for a variety of reasons.

SECTION II

PERSONAL  
HEALTH SERVICES





## County Council Staff Working in the Borough

Dr. J. D. Carrick, M.B., Ch.B.,      Maternity and Child Welfare

Dr. F. P. McDonagh, M.B., Ch.B.,      Maternity and Child Welfare

Mrs. P. Whitehead      Clinic Secretary

Miss L. Pottage      Home Help Organiser

Mr. F. Slingsby      Welfare Officer and Duly Authorised Officer

Mr. F. Leo      Welfare Officer and Duly Authorised Officer

### HEALTH VISITORS

Miss H. Bragg, S.R.N., S.C.M., H.V. Cert.      Health Visitor  
(Resigned December, 1960)

Miss R. E. Braybrooks, S.R.N., S.C.M., H.V. Cert.      Health Visitor

Mrs. F. M. Kearney, S.R.N., S.C.M., H.V. Cert.      Health Visitor

Mrs. R. M. Ward, S.R.N., S.C.M., H.V. Cert.      Health Visitor

### HOME NURSES

Mrs. F. M. Cash, 79 Poplar Road, Cleethorpes

Mrs. R. A. Claxton, 252 Hainton Avenue, Grimsby

Miss O. Townsley, 12 Balmoral Road, Cleethorpes

### NURSE-MIDWIVES

Miss O. E. Farrow, 7 Pendreth Place, Cleethorpes

Miss O. Hardcastle, 46 Thrunscoc Road, Cleethorpes

Miss M. Hargadon, 127 Wintringham Road, Grimsby

### DENTAL CLINIC

Mr. F. E. Padgett, L.D.S., R.C.S.,      Dental Officer

Christopher C. Bull, L.D.S., R.C.S.      Dental Officer  
(part time)

## Personal Health Services

Most of these services apart from the health education service, which is also carried on by the staff of the Borough Council, is the responsibility of the Lindsey County Council, and I am very grateful to Dr. Cormac for providing much of the following information.

### Attendances at Child Welfare Clinics.

Centre	Number attended	Number of attendances	Number of sessions held	Average attendance at each session
Infant Welfare Centre .. ..	643	5,484	100	55
Ante-Natal Clinic ..	176	189	28	7
Mothercraft and relaxation Clinics ..	—	357	23	16

A list of Infant Welfare Clinics and Immunisation and Vaccination Clinics appears on page 14.

### Immunisation and Vaccination.

Particulars of vaccinations and immunisations carried out in Cleethorpes during 1960.

I am pleased that during 1960 the County Council adopted the scheme whereby combined diphtheria, tetanus and whooping cough immunisations could be carried out throughout the summer months, and that these combined injections would only be stopped at the discretion of the Medical Officer, if there was a high incidence of poliomyelitis in the area. By allowing this triple vaccine to continue I am quite certain that many more babies are immunised against this disease than was happening in the past.

	Under five	Over five
Diphtheria Immunisation .. ..	6	42
Diphtheria & Whooping Cough combined .. ..	2	1
Diphtheria, Tetanus & Whooping Cough .. ..	446	5
Diphtheria and Tetanus .. ..	3	9
Whooping Cough .. ..	—	—
Whooping Cough and Tetanus ..	—	2

In addition there were 377 Booster doses of diphtheria.



### Smallpox Vaccination

	Under 1	1—4	5—14	15 or over	Total
Vaccination	210	12	11	32	265
Re-Vaccination	—	4	7	48	59

### Tetanus Immunisation.

	Under 1	1—4	5—14	15 or over	Total
Vaccination	—	5	4	2	11
Booster	—	—	—	—	—

### Poliomyelitis Vaccination

On 1st February poliomyelitis vaccination became available to an extra age group, namely those aged between 26 and 40. In order to stimulate acceptance of vaccination of this age group, each school child in every infant and junior school in the area was given a letter with two consent cards to take home to his mother and father. It was assumed that parents with children in these schools would be most likely to be in the age group. This letter read as follows:—

“Your child has been asked to hand this letter to you together with two cards on which consent to vaccination against poliomyelitis can be given. The idea is that if you are under 40 and wish to be vaccinated, you fill these cards in. If you have already been vaccinated against poliomyelitis please pass them on to a neighbour who is under 40 and who has not yet been vaccinated.

“Vaccination against poliomyelitis is well worthwhile and practically painless (I speak from personal experience). We have had a very good response in the area in the younger age groups and I would like to see a similar response in your age group so that we have whole families protected.

“If you wish to be vaccinated by one of the Council’s Medical Officers, please return the completed consent cards to me at the Health Department, Council House, Cleethorpes, or at The Clinic, St. Hugh’s

Avenue, Cleethorpes. If you wish to be done by your own doctor, take the completed card to him."

9 evening sessions were held at Cleethorpes Clinic during the year. Below is a table showing the number of injections carried out during the year. In addition, 4 sessions were carried out at Eskimo Foods Factory.

6 months—15 years		16 years—40 years	
2nd injection	3rd injection	2nd injection	3rd injection
431	812	1,178	1,269

Total .. 3,690.

### Domestic Help Service.

The County Council, under Section 29 of the National Health Service Act, operate a Domestic Help Service within the County and, as far as possible, having regard to the availability of domestic helpers, make domestic help available where they consider such help is required, in the following types of cases :

- (1) Where there is illness in the household.
- (2) For expectant mothers and maternity cases during the lying in period.
- (3) Where there is an aged person in the household.

Persons receiving domestic help under the County Council's scheme are required to pay such charge as, having regard to the means of those persons, the County Council consider reasonable.

Applications for help in the Cleethorpes area should be made to the Assistant Organiser at 31 Market Street, Cleethorpes.

The Assistant Organiser can be interviewed at the above address at the following times :

Mondays and Fridays	9 a.m. to 12-30 and 2 to 5-30 p.m.
Tuesdays, Wednesdays and Thursdays	9 to 10 a.m. and 2 to 2-30 p.m.
Saturdays	... 9 a.m. to 12 noon.

## Health Education.

Health Education in this Borough is carried out by the County Council under Section 28 of the National Health Service Act, and by the Borough Council under Section 179 of the Public Health Act. I am very grateful to the Health Committee for the help and encouragement which they have given me and Mr. Finch in the development of this work. I would first of all like to define health education and I include below a comprehensive definition of health education, slightly modified from an article by Dr. John Burton, published in the Chest and Heart Bulletin of February, 1961.

Health Education is a part of the good practice of public health, clinical medicine, and in my opinion, of general education. Health is a way of living and all education in one way or another is health education.

Its first object is to establish that good health is of cardinal importance in the value system of the individual, the family and the community. It is well known that in a community such as ours with its large number of heavy smokers; its dislike of physical education; its over eating and the large number of accidents both in the home and on the roads, that health does not occupy this place in the value system of individuals today. Health education seeks to bring about recognition of health problems and an understanding of the issues involved. It seeks to create and sustain interest in their solution through personal effort and the adequate provision and proper use of health services. It seeks to teach people the methods and skills available to foster health and manage illness.

It is based on health consciousness of the people concerned. Health consciousness is the sum of the people's experiences, desires and assumptions about health and sickness and develops in individuals and groups unconsciously, their traditional beliefs and customs and consciously as a result of encounters with health personally. It is also influenced by educational activities introduced by health authorities and others, including television. Its principle elements are recognition, belief, attitude, expectation and behaviour. Public relations in the sphere is the interaction between the health services and the public. As a function of public health, public relations seek deliberately to promote a style of planning and ways of working which ensure that the convenience, satisfaction and initiative of the public are given systematic consideration in the aspects of health services. Their quality depends on the understanding of the *local situation*, the behaviour of health personnel and the system for dealing with complaints and suggestions.

We have, during the past 3 years, tried to develop a comprehensive and systematic scheme of health education and to foster good public relations between the department and the public. Health education starts with the ante-natal mother in the relaxation and mothercraft classes which are held twice a month.

Most of those attending are mothers expecting their first baby, but some have returned during their second pregnancy. About sixteen attend at each session.



Talks are given by Dr. Carrick or the Health Visitors in attendance and relaxation and breathing exercises are practised. A visit to the Maternity Home is arranged for each group. The triline apparatus is explained and demonstrated.

The object of the classes is to instruct the mothers in mothercraft, to dispel doubts and apprehensions, and to bring the mother to her confinement happy and confident.

Mrs. Ward gave health education talks to all new entrants (11 year old) to school leavers (mothercraft classes) weekly at Beacon Hill Secondary School. Classes were taken all the year up to the end of November.

One morning each week a class is given by Miss Braybrook to the girls of Reynolds Street Secondary School.

Mothercraft is taught to part of the 14-15 years group. This course covers one and a half terms. The remainder of the year is taken up by a course of home nursing, hygiene and first aid. Two classes of one and a quarter hours are held at each session.

At the mothercraft classes the girls do practical work with model babies and for the home nursing there is bedding and equipment for their use.

The mothercraft should prove useful to many of the girls who become mothers at an early age. While the home nursing is of value in these days when there is a shortage of hospital beds and more nursing especially of the elderly is done at home.

Talks on Smoking and Health were given by the Medical Officer of Health to the whole school at the Boys' Grammar School, the leavers at Reynolds Street Girls' School and at Elliston Street Boys' School, and to the leavers at Thrunscoe Primary School. These talks are always well received and a large amount of discussion takes place afterwards. I think there must be very few older children in Cleethorpes who do not know of the relationship between smoking and lung cancer. Talks and film strip shows are given by the Health Visitors at the Infant Welfare Clinics, and the Mothers' Club at Cleethorpes Clinic continues to grow. I include a list of the programme for 1960 by permission of Mrs. Allitt the Club's Secretary.

Jan.	12th	Cuts of Meat	..	.. Dewhursts
..	19th	American Teacher	..	.. Reynolds Street School
..	26th	Holiday's 1960	..	.. Eason's
Feb.	2nd	Cookery Demonstration	..	.. Y.E.B.
..	9th	Fathers	.. ..	.. Dr. G. Cust
..	16th	Hairdressing	..	.. Mrs. Halliday
..	23rd	The Dentist	..	.. Mr. Padgett



March	1st	Household Accounts	..	C/m.
„	8th	Mannequin Parade..	..	Co-op.
„	15th	Film .. ..	..	Mrs. Kearney
„	22nd	Cookery Demonstration (No. 1) .. ..	..	Miss DeMaine
„	20th	Probation Officer ..	..	Miss Freeman
April	5th	Club's Birthday Party		
„	12th	Cookery Demonstration (No. 2) .. ..	..	Miss DeMaine
„	19th	Accidents in the Home	..	Mrs. Kearney
„	26th	Film .. ..	..	C/m.
May	3rd	Cookery Demonstration (No. 3) .. ..	..	Miss DeMaine
„	10th	Crime Photography	..	Supt. Bickley
„	17th	Colour Bar .. ..	..	C/m.
„	24th	Wine Taster ..	..	Mr. Greaves
„	31st	Safe Lighting ..	..	Mr. Robinson
June	7th	Beauty Consultant	..	Mrs. Sorenson
„	14th	Film .. ..	..	C/m.
„	21st	American Teacher	..	Reynolds Street School
July	5th	Fire Station		
„	12th	“ For Better or Worse ”	..	Dr. G. Cust
„	19th	“ Old Cleethorpes ”	..	Ald. Cox
„	26th	Welfare Work ..	..	C/m.
CLOSED ALL AUGUST				
Sept.	6th	Film .. ..	..	C/m.
„	13th	Starting School ..	..	Miss Fisher
„	20th	Telephone Exchange	..	Visit
„	27th	Film .. ..	..	C/m.
„	4th	Stage Make-up (Cancelled)	Mr. Barker	
„	11th	Nursing in Nigeria	..	Nurse Moody
„	18th	Telephone Exchange	..	Visit
„	25th	Films on Yugoslavia	..	Mr. Lee
Nov.	8th	Change of Life ..	..	Dr. Lavin
„	15th	Binbrook Case ..	..	Insp. Vasey
„	22nd	Mayor's Parlour		
„	29th	Back Stage .. ..	..	Mrs. Readymarcher
Dec.	6th	My Job .. ..	..	Dr. Glenn
„	13th	Just Me .. ..	..	Mrs. Glenn

During the early part of the season we ran a poster campaign on Broken Glass on Bathing Beaches. This campaign being sponsored by the Royal Society for the Prevention of Accidents. Poster and other displays are on view at the Clinic and at the Council House throughout the year on various topics.

In addition the following talks were given by the Medical Officer of Health and the Chief Public Health Inspector to the following Groups.

### **Talks given by Medical Officer of Health.**

Alexandra T. W. Guild (Social Studies Group)—Work of the M.O.H.  
Barcroft Street Parent/Teacher Association—Child Health—Parents' Responsibilities.

Clee Grammar Boys'—Smoking and Health.

National Society for Mentally Handicapped Children—Co-operation between the Society and the Local Authority.

Cleethorpes and Immingham Mothers' Clubs—Discussion on Marriage  
British Red Cross Society—First Aid

Police and Fire Service—First Aid.

Reynolds Street Girls' 4A—Smoking and Health.

Reynolds Street Girls' 4B—Smoking and Health.

Cleethorpes Youth Club—Panel Discussions.

Thrunscoe Parent/Teachers' Association—Child Health.

Specialist Audience of Food Handlers—Food Poisoning.

Vigilantes Town Women's Guild—Diet and Health.

Elliston Street Boys' School—Smoking and Health.

Cleethorpes Mothers' Club—"Husbands."

Beacon Hill School—Smoking and Health.

Head Teachers' Association—Neglected Children.

Mill Road Ladies' Guild—Work of the M.O.H.

Gainsborough Girls' High School—Child Health—Parents' Responsibilities.

Sutton-on-Sea Primary School—Child Health.

Tetney Youth Club (2 visits)—Panel Discussions.

Grimsby St. John's Ambulance Association—Smoking and Health.

### **Talks given by Chief Public Health Inspector.**

St. John's Ambulance Brigade—Your Public Health Inspector.

Trinity Ladies' Guild—Public Health Inspector's Duties.

Kingsway Townswomen's Guild—Food Hygiene.

Altogether nearly 2,000 adults attended talks given by members of the department during 1960. The Food Hygiene Lectures this year were attended by over 60 people who each received a certificate of attendance. This year for the first time we showed a film and we were very grateful to the County Council for providing us with a projector and operator.

In October, I started a Health Education Magazine called Health Information, for distribution to my Councillors, the heads and staffs of schools, other local authority departments and other statutory bodies, working in similar fields. It is partly a magazine with health articles but also explains the work of the department during the previous quarter. This journal is being well received.

The Medical Officer of Health also attended the Central Council for Health Education Seminar on the Role of the Medical Officer of Health in Health Education, and also attended the Central Council for Health Education Summer School.

By arrangement with the County Health Department a one day seminar on Display Methods in Welfare Clinics was held at the Clee-thorpes Clinic, to which the Public Health Inspectors were invited in addition to the county staff.

## **Mental Health.**

The Mental Health Act 1959 came into full operation on November 1st 1960.

The immediate results of this is in the admission of patients to hospital. Patients can now be admitted informally to any hospital which will take them, and patients are no longer certified as insane on a Magistrate's Order.

In cases where it is necessary for the patient to be compulsorily admitted to hospital, it is done on the recommendation of two doctors, one the patient's own doctor and the other recommendation by an approved medical officer.

The Duly Authorise Officer now ceases to exist and becomes the Mental Welfare Officer. Mr. Slingsby is the Mental Welfare Officer for this area on a temporary basis at the present time until the new health and welfare arrangements begin on the 1st January, 1961.

The other main change in the Mental Health Service under this new Act, which will be gradually improved in the Local Authorities Mental Health Service as more and more patients come to be cared for in the community rather than in hospital. A copy of the County Council's proposals under this Act was discussed at the General Purposes Committee in May this year.

The following services will be provided by the County Council.

- (a) The provision, equipment and maintenance of residential accommodation, and the care of persons for the time being resident in accommodation so provided;
- (b) the provision of centres or other facilities for training or occupation, and the equipment and maintenance of such centres;
- (c) the appointment of officers to act as Mental Welfare Officers;
- (d) the exercise by the local health authority of certain functions in respect of persons placed under guardianship;
- (e) the provision of any ancillary or supplementary services for or for the benefit of persons who are, or have been, suffering from mental disorder.



SECTION III

SCHOOL

HEALTH SERVICES



## SCHOOL HEALTH SERVICE STAFF.

Dr. George Cust, M.B., Ch.B., D.P.H.—School Medical Officer.

Miss M. M. F. Hetherington, S.R.N., S.C.M.—School Nurse.

Mrs. C. Toole, S.R.N.—School Clinic Nurse.

### Health Visitors.

Miss H. Bragg, S.R.N., S.C.M., H.V.Cert. (resigned December 1960).

Miss R. E. Braybrooks, S.R.N., S.C.M., H.V.Cert.

Mrs. F. M. Kearney, S.R.N., S.C.M., H.V.Cert.

Mrs. R. M. Ward, S.R.N., S.C.M., H.V.Cert.

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Miss J. A. Hardie—Speech Therapist.

Mr. F. E. Padgett, L.D.S., R.C.S.—Dental Officer.

In addition the staff of the Grimsby Child Guidance Clinic do, by arrangement with Lindsey County Council, accept cases from Cleethorpes.

Dr. M. J. Tyerman—Educational Psychologist.

Miss M. E. D. Pearson—Social Worker.

Mr. T. D. MacKenzie—Remedial Teacher/Psychological Tester.

These members of the Clinic staff have all carried out work within the Borough.

### School Health Services.

These services are provided by the County Council and I am indebted to the County Medical Officer of Health for permission to include the following details of work carried out during the year in my capacity as School Medical Officer.

The health of school children during the year was very satisfactory, I should like to take this opportunity of thanking all head teachers for their willing co-operation at all times.

ROUTINE MEDICAL INSPECTION  
(exclusive of special and supervisory examinations).

Prescribed Groups.	Number of Children Inspected.	Number of Defects found to require treatment. (excluding uncleanliness and dental diseases)		
		Vision.	Other Defects.	*Total.
Entrants	412	2	14	16
Second Age Group	572	26	12	38
Third Age Group	427	19	16	35
Total (prescribed groups)		47	42	89

\* Individual Children requiring treatment.

### Physical Condition.

All scholars examined were classified as Satisfactory or Unsatisfactory

AGE GROUPS		Satisfactory	Unsatisfactory
Entrants	(1st Periodic Examination after admission to a maintained school)	412	2
Second Age Group	(Children in first year of attendance at secondary school)	572	2
Third Age Group	(Children in last year of attendance at school)	427	3
TOTAL		1411	7 (0.4%)



## Defects found in the course of Medical Inspection.

DEFECT.	Routine Inspections		Special Inspections	
	Requiring Treatment	Requiring observation but not Treatment	Requiring Treatment	Requiring observation but not Treatment
SKIN.	18	39	2	
EYE.				
(a) Defective Vision (excluding Squint)	47	152		1
(b) Squint ... ..	3	30		1
(c) Other conditions ... ..	1	3		
EAR.				
(a) Defective Hearing ... ..	—	7		2
(b) Otitis Media ... ..	2	5		
(c) Other Ear Diseases... ..	5	6		
NOSE AND THROAT.	2	29		
LYMPHATIC GLANDS. ....	—	1		
SPEECH.	1	9		
HEART AND CIRCULATION.	2	14		
LUNGS.	—	38		
DEVELOPMENTAL.				
(a) Hernia ... ..	1	6		
(b) Other ... ..	—	18		
ORTHOPÆDIC				
(a) Posture ... ..	—	9		
(b) Feet ... ..	—	11		
(c) Other .... ..	2	34		
NERVOUS SYSTEM.				
(a) Epilepsy ... ..	—	1		
(b) Other conditions... ..	—	3		
PSYCHOLOGICAL.				
(a) Development ... ..	1	48		
(b) Stability ... ..	3	60		
ABDOMEN	—	4		
OTHER DEFECTS AND DISEASES. (Excluding Uncleanliness and Dental Diseases)	1	21		

Supervisory Inspections ... .. 1,096

**Eye Clinic.**

Consultant Opthamologist—Miss Hainsworth.

All children have their eyes tested routinely at 6 years and 9 years by the County Council audiometrician at the same time as their hearing is tested. These eye tests are in addition to the ones carried out by the school nurse previous to routine medical inspection and other occasions.

Colour vision is also tested at 9 years of age.

Children requiring treatment are referred to the Eye Clinic.

**Eye Clinic Statistics.**

Attendances	Refractions		Other Defects	Glasses Prescribed
	Vision	Squint		
370	244	54	—	214

**Verminous Heads.**

The number of children with head lice infestation and nits found in this town is very low (2%). Children of the same family are often recurrent offenders. When children are found infested, treatment is provided free and the Health Visitor follows up family contacts.

**School Consultation Clinic, Cleethorpes.**

The school clinic at Cleethorpes, is held every Wednesday morning, and children are referred by parents and teachers or as follow-ups from routine medical examinations. Attendance is now done on an appointment system and this is working very well.

There were 1,219 attendances during the year of which 676 were first

attendances. Of these, 124 were for injections.

The other reasons for attendance are listed in the table below.

Total attendance .. ..	1,210	Lungs .. ..	2
First attendance .. ..	635	Hernia .. ..	—
<b>Skin</b>		Development Other ..	1
Ringworm.. ..	—	Orthopaedic Posture ..	1
Scabies .. ..	—	Orthopaedic Feet ..	10
Impetigo .. ..	2	Orthopaedic Other ..	4
Other .. ..	70	Nervous System Epilepsy	—
<b>Eyes.</b>		Nervous System Other ..	—
Defective vision ..	66	Psychological Development	2
Squint .. ..	—	Psychological Stability ..	18
Other .. ..	3	<b>Miscellaneous.</b>	
<b>Ears.</b>		Other .. ..	12
Defective hearing ..	7	Minor .. ..	2
Otitis Media .. ..	3	Otherwise dealt with ..	54
Other .. ..	4	No appreciable defect ..	11
Nose and Throat ..	3	Special Medical	
Speech .. ..	3	Examinations ..	187
Lymphatic Glands ..	—	Inoculations .. ..	124
Heart .. ..	—	Post audiometric	
		examinations ..	46

During the year the number of attendances for medical examination of children prior to them doing jobs after school was 137.

### Child Guidance Clinic.

Cleethorpes children can attend the Grimsby Child Guidance Clinic by arrangement between the Grimsby Education Authority and the Lindsey Education Authority. During the year, 76 children from Cleethorpes attended the Clinic. These children are referred with many different problems, difficulties with reading or writing, bed wetting, pilfering, irrational fears and phobias, school difficulties, behaviour problems at home or school, lack of intelligence, and each of these cases represent an unhappy child and one or more anxious parents. This is a most important service and prevents a great deal of mental ill health in later life by dealing with the emotional problems of children. There is a very close and friendly link between the Department and the staff of the Child Guidance Clinic.

## Speech Therapy.

I am indebted to Miss Hardie for this report on her work in Cleethorpes.

This report covers the period September 12th—December 31st, 1960, and deals with children from Cleethorpes, who attended the Speech Clinic.

Total number of children seen during this period are shown in the table below.

Defect	Male	Female	Total
Stammer .. ..	—	3	3
Dyslalia .. ..	16	4	20
Retarded Speech ..	1	2	3
Sigmatism .. ..	5	3	8
Cleft Palate .. ..	1	—	1
Excessive Nasality ..	—	1	1
Dysarthria .. ..	—	—	—
Total .. ..	23	13	36

From Cleethorpes 24 children were receiving regular i.e., weekly or fortnightly treatment and 12 were under review (seen at monthly or three-monthly intervals). 5 patients were discharged and there remained a waiting list of 8.

By far the largest number of referrals came from Infant Schools via the School Medical Officer or Head Teacher—this is to be expected. Other methods of referral were by the Health Visitors and Infant Welfare Doctors.

The largest group of defects are those of articulation—Dyslalia, when one or more consonants are defective or omitted and Sigmatism (commonly known as a lisp) which includes various defects of 'S'.

## Health Education.

Health Education activities in schools in which the staff of the Health Department took part is on page 42.





